

Alfred M. Walker

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December 11, 1998

Commissioner of Patents
Box Patent Applications
Washington, D.C. 20231

Re: New Patent Application

APPLICANT: Joseph Domes
FOR: RUGGEDIZED TRADESWORKERS RADIO

Dear Sir:

Enclosed please find 14 page description including specification, claims and abstract, 4 sheets of drawings (Figures 1-7), declaration and verified small entity statement together with filing fee of \$380.00 and Certificate of Mailing.

The fee is based upon the base fee of \$380. There are no extra Claims since there are 20 total Claims, including 2 independent Claims.

Please charge any deficiency in the fee to my deposit account #23-0120.

Please acknowledge receipt by returning the enclosed postcard.

Very truly yours,



Alfred M. Walker
encl.
PAT17

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail # addressed to Commissioner of Patents, Box Patent Application, Washington, D.C. 20231, on the date indicated below.


Date: December 11, 1998


Alfred M. Walker

1702

HARBOR VIEW REMODELING, INC.
10 REDDEER LN.
HUNTINGTON, NY 11743

DATE Dec 10 98 ¹⁻⁸192
210

PAY TO THE ORDER OF Commissioner OF Patients \$ 380.00
Three Hundred Eighty ~~xx~~ DOLLARS  Security Features
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CITIBANK

CITIBANK, N.A. BR. #192
315 MAIN STREET
HUNTINGTON, NY 11743

FOR Joseph Domes

Joseph Domes MP

Complete If Known											
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Filing Date</td> <td></td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">JOSEPH DOMES</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td></td> </tr> <tr> <td style="padding: 2px;">Group / Art Unit</td> <td></td> </tr> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td></td> </tr> </table>	Filing Date		First Named Inventor	JOSEPH DOMES	Examiner Name		Group / Art Unit		Attorney Docket No.	
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TOTAL AMOUNT OF PAYMENT (\$) 380											

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																												
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number _____ Deposit Account Name _____ <input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17. <input type="checkbox"/> Charge the Issue Fee Set In 37 C.F.R. § 1.16 at the Mailing of the Notice of Allowance 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other	<h3 style="margin: 0;">3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	ALFRED M. WALKER	Reg. Number	29,983
Signature	Alfred M Walker	Date	12-11-98
		Deposit Account User ID	23-0120

JOseph Domes
09/209,721

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FILED 12/11/98

RULE 56
PTO 1449

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